PART B - FEE(S) TRANSMITTAL

DISTOLUCIONIS, THE	A 2007	for transmitting the ISS neg the Patent, advance of the Patent, advance of the Patent in Block 1, by (or <u>Fax</u>	Commissioner fo P.O. Box 1450 Alexandria, Virg (571)-273-2885	r Paten	313-1450	ould be completed when correspondence address a ate "FEE ADDRESS" fo
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DEPT. ICC	KOENIG, P.C.	1/2007 O \ I	4 2007	Cer I hereby certify that th States Postal Service vaddressed to the Mai transmitted to the USP	tificate of is Fee(s) vith suffic Stop ISS TO (571)	f Mailing or Transn Transmittal is being ient postage for first SUE FEE address a 273-2885, on the da	nission deposited with the Unite class mail in an envelop above, or being facsimil te indicated below.
PHILADELPHI	IA. PA 19103		<i>\begin{align*}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</i>	Scott Wolj	nsky	<u> </u>	(Depositor's name)
54 mp	B2 00000044 090435	10747644	MAPHOR	Scott	Jola	rske	(Signature)
01 FC:1501 02 FC:1504	1400.00 DA -300.00 DA			August 30,	2007		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR .	ATTORN	IEY DOCKET NO.	CONFIRMATION NO.
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nonprovisional	NO	\$1400	\$300	\$0		\$1700	09/04/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
	, EVA Y	2611	375-322000				
CFR 1.363). Change of corresp Address form PTO/S. "Fee Address" ind	lence address or indication on the second of	registered attorney or agent) and the names of up to					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)			·
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the	e patent. If an assign	ee is ident	tified below, the doc	cument has been filed fo
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Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual 🏖 Co	rporation	or other private grou	p entity Government
4a. The following fee(s) Lissue Fee Publication Fee (N Advance Order	are submitted: No small entity discount profes Four (permitted)	b. Payment of Fee(s): (I A check is enclose Payment by credit	Please first reapply and. card. Form PTO-2038	y previou	usly paid issue fee sh	
	tus (from status indicated as SMALL ENTITY state	-	☐ b. Applicant is no	longer claiming SMAI	L ENTIT	Y status. See 37 CFI	R 1.27(g)(2).
		uired) will not be accepte tes Patent and Trademark					
Authorized Signature	0-419	olinsky	. Office.			2007	
•	e Scott Wolin	sky		Registration N			
							

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Terminal Disclaimer

Request for Refund

Remarks

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Document(s)
Reply to Missing Parts/
Incomplete Application
Reply to Missing Parts:
under 37 CFR 1.52 or 1.53

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name
Volpe and Koenig, P.C.

Signature

Printed name
Scott Wolinsky

Date
August 30, 2007

Reg. No. 46,413

Landscape Table on CD

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Effective on 12/08/2004.				Complete if Known				
Feel (19 yeart to the consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/747,644				
FEE TRANSMITTAL For FY 2007			Filing Date	De	December 29, 2003			
			First Named Inv	entor De	Demir et al.			
				Examiner Name	e Eva	Eva Y. Zheng		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	26	2611		
TOTAL AMOUNT OF PAY	MENT (\$)) 1712		Attorney Docke	t No. I-2-	0543.1US		
METHOD OF PAYMEN	IT (check al	I that apply)						
Check Credit	Card 1	Money Order	Nor	e Other (olease identif	v).		
Deposit Account		-			•	InterDigital C	comm. Corp.	
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	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any a	additional fee	e(s) or underpayme	ents of fe	-(-)	t any overpa		prior are minig 100	
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information and authorization	on PTO-2038	i.	it our a iiii	ormation should h	Ot be include	a on this form.	—	
FEE CALCULATION								
1. BASIC FILING, SEA								
	FILING	FEES Small Entity	SEAR	CH FEES Small Entity	EXAMIN	ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
. Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0	· · · · · · · · · · · · · · · · · · ·	
2. EXCESS CLAIM FE	ES					Foo (\$)	Small Entity	
Fee Description Each claim over 20 (including R	(eissues)				<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims					360	180		
Total Claims	Extra Clair	ms <u>Fee (\$)</u>	Fee	Paid (\$)			ependent Claims	
- 20 or HP = HP = highest number of total	al claims paid fo	XX	_=			<u>Fee (\$)</u>	Fee Paid (\$)	
Indep. Claims	Extra Clair	•		Paid (\$)				
3 or HP = x =								
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets - 100 =	Extra She	<u>ets</u> <u>Numbe</u>	<u>er of eac</u>	h additional 50 c	or fraction t		e (\$)	
4. OTHER FEE(S) Non-English Specifi	ication ¢1				ore manner	, ··	Fees Paid (\$)	
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Other (e.g., late filing surcharge): Issue Fee, Pulication Fee and Four (4) Advance Soft Copies 1712.00								

SUBMITTED BY	^			
Signature	Sutt	Glolingh	Registration No. (Attorney/Agent) 46,413	Telephone 215-568-6400
Name (Print/Type)	Scott Wolinsky			Date August 30, 2007

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